

TRUST PAYMENT VOUCHER INPUT FORM



Commonwealth of Massachusetts
Office of the Comptroller

Department/Organization Name

Document ID						
Trans TV	Dept	R/Org	Number	TV Date	Acctg Prd	Budget FY
Action: Entry(E) Modify(M)			SCH Pay Date	Off Liab Acct	VENDOR'S CERTIFICATION I certify that the goods were shipped or the service rendered as set forth below. <hr style="width: 100%;"/> Please sign in ink	

Vendor Name and Address

Document Total	Dept	Vendor Invoice Number	Vendor Code	Emp
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Reference Order	LN	QTY	Description	Unit Price	Amount

Referenced Order															
LN	Trans	Dept	R/Org	Number	LN	Dept	Approp	Sub	Org	S/Org	Obj	S/Obj	Prog	TY	PRJ/CL/GRC
RPTG	Fund	BS Acct	Dept	Vendor Invoice Number					Description						
Disc	Dates of Services To				Quantity			Amount				I/D	P/F		

TO THE COMPTROLLER OF THE COMMONWEALTH OF MASSACHUSETTS:

I hereby certify under the penalties of perjury that all laws of the Commonwealth governing disbursements of public funds and the regulations thereof have been complied with and observed:

Prepared By: _____ Title: _____ Date: _____

Approved By: _____ Title: _____ Date: _____

Entered By: _____ Title: _____ Date: _____